

GUIDE TO PROCESSING FORMS (READ ME FIRST)

Appointment processing forms are explained below. Only those forms needed for your type of appointment must be completed, however information on all forms is included. Failure to complete these forms correctly may delay your start date. Please return all forms to the following address: Directorate of Human Resources and Community Services, ATTN: AFRC-FM-HCH-M, 2187 South J Street, Fort McCoy, Wisconsin 54656-5150

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APPOINTMENT AFFIDAVIT (SF-61): You may be sworn in by a **military officer** or a **notary public** who has witnessed your signature. Leave Appointment Date blank; we will complete when we determine your effective date.

CONDITIONS OF EMPLOYMENT RESERVE MEMBERSHIP: Complete the employee certification portion. Fax to the command along with order assigning you to the unit at _____. ATTN: _____, and return original and orders with employment packet.

COMMERCIAL DRIVER'S LICENSE: Complete as instructed.

DECLARATION FOR FEDERAL EMPLOYMENT (OF-306): Complete all items and sign as "**appointee**" (Block 16b).

DESIGNATION OF BENEFICIARY FEDERAL GROUP LIFE INSURANCE PROGRAM (SF2823): Complete as instructed. **FORMS WITH ERRORS OR ERASURES ARE NOT ACCEPTABLE.** If you make a mistake, please contact this office for a new form. Be sure and have two witnesses sign the form.

DESIGNATION OF BENEFICIARY FEDERAL RETIREMENT SYSTEM (SF3102): Complete as instructed. **FORMS WITH ERRORS OR ERASURES ARE NOT ACCEPTABLE.** If you make a mistake, contact this office for a new form. Be sure and have two witnesses sign the form.

DESIGNATION OF BENEFICIARY UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE (SF1152): Complete and sign form. **FORMS WITH ERRORS OR ERASURES ARE NOT ACCEPTABLE.** If you make a mistake, contact this office for a new form. Be sure and have two witnesses sign the form.

EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9): Fill out all information on section one. Be sure the appropriate block for citizenship is checked. **Section two must be properly completed or your start date may be delayed. A notary public or a military officer can verify your identifications and complete Section 2.** If documentation required for Section 2, Item A, is not available **BOTH** Items B and C must be verified. Usual items for verification are a driver's license or other picture identification for Item B and a Social Security Card for Item C.

EMPLOYEE'S CHANGE OF HOME ADDRESS/NOTIFICATION OF NEXT OF KIN (FT McCOY FORM 91-R): Complete as required. Be sure to sign form.

EMPLOYEE'S FEDERAL WITHHOLDING ALLOWANCE CERTIFICATE (FORM W-4): Complete as required.

EMPLOYEE'S STATE TAX FORM: Follow the instructions on "State Income Tax Information" sheet.

FASTART DIRECT DEPOSIT (FMS 2231): Complete as required. A copy of a voided check may be submitted in place of the information in Item #3. You are required to participate in the Direct Deposit program. Instructions are included in your packet.

FINGERPRINT CHART (SF-87): Will be forwarded with your congratulation letter from our office. You must have two copies completed. Fingerprinting may be done at most police stations. Be sure the Fingerprint Charts are signed and dated by the person who fingerprints you. **You must use the SF-87; no other fingerprint charts will be accepted.**

HEALTH BENEFITS: To elect health benefits, access the Army Benefits Center-Civilian (ABC-C) located at Fort Riley, Kansas either at the website: www.abc.army.mil or by calling toll free: 1-877-276-9287 or for hearing impaired customers: 1-877-276-9287. You have 60 days after your start date to make your election. After making an election, your coverage will begin the first day of the following pay period. Please see the **New Hire Benefit and Entitlement Information.**

LIFE INSURANCE ELECTION: To elect life insurance benefits, access the Army Benefits Center-Civilian (ABC-C) located at Fort Riley, Kansas either at the website: www.abc.army.mil or by calling toll free: 1-877-276-9287 or for hearing impaired customers: 1-877-276-9287. Eligible employees are automatically enrolled in Basic Life, and the premiums are made through payroll deductions. You have 31 days from the date you start work to waive your Basic coverage or to elect optional coverage. A SF-2817 is enclosed. **DO NOT USE UNLESS COMPLETING PRIOR TO THE FIRST PAY PERIOD.** If election is made within the first pay period, you can mail a completed SF-2817 to the **Army Benefits Center-Civilian, Bldg 301 Marshall Ave, Ft. Riley, KS, 66442.** The SF-2817 must be postmarked prior to the end of your first pay period, in order for your election to be effective on the date the SF-2817 is postmarked. **If election is made after the first pay period and within the 31 days allowed, your election must be completed using the automated systems.** Please see the **New Hire Benefit and Entitlement Information.**

MEDICAL EXAM (SF-78): This form is for Wage Grade employees only. Complete the employee portion of the form. The physician administering your physical must complete the rest of the form. The supervisor at the shop you are going to work in may be able to assist you in setting up a physical in a federal facility that will be free of charge to you. If you choose to use a private physician, it will be at your own expense.

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE

REGISTRATION: This form needs to be completed only by male applicants born after December 31, 1959. Complete form as instructed. If you indicate that you are exempt, you must submit proof of the exemption. To find out if you are registered in the Selective Service, you may access their website at <https://www4.sss.gov/regver/verification1.asp>.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS (SF-86): Complete all information as instructed on the form. You must complete this form even if you currently have a clearance through the military. Residences where you have lived for the past 7 years and employment history for the past 7 years must be completed with no breaks (must be consecutive), if unemployed state "unemployed" along with dates

of unemployment. If residence is unknown, you must at least provide the city, state and zip code along with the dates.

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS (SF-85): Complete all information as instructed on the form. You must complete this form even if you currently have a clearance through the military. Residences where you have lived for the past 5 years and employment history for the past 5 years must be completed with no breaks (must be consecutive), if unemployed state “unemployed” along with dates of unemployment. If residence is unknown, you must at least provide the city, state and zip code along with the dates.

RACE AND NATIONAL ORIGIN IDENTIFICATION (SF-181): Complete and sign. This information is used for statistical purposes and is voluntary.

RESERVE STATUS CODE: Complete name and command and check proper category.

SELF-IDENTIFICATION OF HANDICAP (SF-256): Complete and sign. This information is used for statistical purposes and is voluntary.

STATEMENT OF PRIOR FEDERAL SERVICE (SF-144): If all of your prior federal service (civilian and military) is included in your application, you only need to complete Items 1 and 2, answer yes in Item 3, and sign and date.

WELFARE TO WORK PROGRAM: Complete all information as instructed on the form. This information is voluntary.

TEMPORARY EMPLOYMENT AGREEMENT: Sign and date.

TERM EMPLOYMENT AGREEMENT: Sign and date.

VRA EMPLOYMENT AGREEMENT: Sign and date. Our office will sign as Agency Representative.